

CERTIFICATE OF AMENDMENT

Domestic Limited Liability Partnership

Office of the Secretary of the State

30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 / Rev. 01/29/2003

See reverse for instructions

Space For Office Use Only

Filing Fee: \$60.00

1. NAME OF LIMITED LIABILITY PARTNERSHIP

2. TEXT OF EACH AMENDMENT

(Please reference an 8 1/2 X 11 attachment if additional space is needed)

3. EXECUTION:

Dated this _____ day of _____, 20____.

Print or type name of signatory	Capacity of signatory	Signature

INSTRUCTIONS FOR COMPLETION OF AMENDMENT
Domestic Limited Liability Partnership

Instructions

1. NAME OF LIMITED LIABILITY PARTNERSHIP: Provide the name of the limited liability partnership as it currently appears on the records of the Secretary of the State. Note: If the limited liability partnership is changing its name to a new name, such new name should be set forth in item Number 2 on the form.
2. TEXT OF EACH AMENDMENT: Please provide the full text of each amendment.
3. EXECUTION: The signatory must print or type his or her full legal name and capacity in addition to a signature. Note that the execution constitutes a statement made under the penalties of false statement that the information provided in the document is true.